Systematization of the Process of Dialogue and Construction of Consensus in Health: Agreement of Political Parties in Health (APPS)

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ACRONYMS

APPS	Acuerdo de Partidos Políticos en Salud
CC	Comité Coordinador del Acuerdo de Partidos Políticos en Salud
OPS	Organización Panamericana de la Salud
NDI	Instituto Nacional Demócrata
CIES	Consorcio de Investigación Económica y Social
MINSA	Ministerio de Salud
MCLCP	Mesa de Concertación de Lucha contra la Pobreza

Executive Summary

During the 2005-2011 period, different groups and political parties[i] have a space for dialogue on the problems and challenges regarding public health: Agreement of Political Parties in Health. (Acuerdo de Partidos Políticos en Salud-APPS). What was at the beginning a space to go deep into different issues has permitted to build political consensus in health. In this manner, agreements have been signed regarding priority issues for the 2006-2011 period on: the function of leadership in health in 2008; on the financing of universal insurance in health in 2009; on decentralization within metropolitan Lima and on Non-Communicable Diseases in 2011.

After 7 years in which the APPS have been working, what have been those factors which have had influence on its development and continuity? What is the importance and what are the perspectives which the actors involved therein confer to the APPS? And, finally, what are the recommendations for a new generation with regard to the process of the political dialogue in health? In order to answer these questions, the partners sponsoring the APPS decided to prepare the present systematization.

The systematization shows us that the representatives of the parties value and consider of vital importance to have a space to listen and to be listened. Likewise, the representatives of the parties have, as their main expectation, for the agreements to have incidence on public policy, For these reasons, the representatives of the political parties maintain their adherence to APPS.

On the other hand, we find that the health technical staffs of political parties have pre-existing links at professional level and participate within other common spaces. This situation has generated a great degree of affinity and sensibility with regard to the issue of public health. Also, in this manner they value empiric evidence and the possibility to build informed opinions. The systematization makes evident that the existence of a Community of Public Health has permitted that political difference may not hinder dialogue or the construction of consensus. Also, a relevant factor for continuity has been the recognition of the space by the health authorities.

It has been identified that the health technical staffs have improved their position within their parties. The APPS has permitted the health technical staffs to have a sound approach and proposals based on evidence. This fact has favored their internal recognition and their relationship with the upper echelons of the political parties.

Systematization offers us an overview on the performance of this space. Also, systematization exposes the approached of the actors involved and shows us that fluid dialogue is possible on issues of social relevance. In synthesis, systematization offers us important findings that shall permit the improvement of a new cycle of political dialogue in health in Peru.

INTRODUCTION

The present document is product of the "Consultancy for the Systematization of the Process of Dialogue and the Construction of Consensus in Health" developed within the framework of the Agreement of Political Parties in Health -*Acuerdo de Partidos Políticos en Salud* (AAPS). The consultancy was commissioned by the institutions which are partners of the Agreement[1], which support the working meetings and provide technical assistance to the process of dialogue conducted by the political parties.

The systematization has had as its purpose to analyze those factors which have favored the process of dialogue between political parties and the various ways in which political organizations have benefited or not from their participation in the AAPS, giving especial attention to the development of the technical capacities and government plans within their political parties. Following what has been stated within the terms of reference of the consultancy, the general objectives were three:

1. Identify those factors which have had influence on the development and continuity of the process of political dialogue in health.

2. Recognize the importance and the perspectives that the space has for the political organizations and APPS members; and also for the public and private institutions linked to the health sector.

3. Establish recommendations for a new generation of the process of political dialogue in health.

The study was organized along three phases: first, the drawing up of the frame of reference, the working plan and methodology; second, the information-gathering work; and, finally, the systematization of information and critical analysis of the experience.

The gathering of information included the revision of documentation produced by the APPS and the audiovisual material of registry of the working sessions of the APPS, as well as the gathering of information through interviews with the different actors involved directly or indirectly with the work of the APPS. Interviews were held with the technical representatives of the political parties which are members of the APPS, representatives of civil society organizations and authorities of the Ministry of Health.

The consultancy had the constant support of the partner institutions of the APPS and the technical representatives of the political parties who shall be the principal beneficiaries of

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[1] NDI, CIES-Health Observatory , PHO, USAID/Peru/Policies in Health

the results of this consultancy; we expect that this consultancy shall provide guidelines regarding the following steps needed to strengthen the APPS.

1. BACKGROUND

The Agreement of Political Parties in Health- *Acuerdo de Partidos Políticos en Salud* (APPS) is a space for dialogue and construction of consensus comprised by the health technical staffs accredited by the political parties and recognized by the organizations of the civil society and national and international specialists in the topic of public health who participate within the working sessions according to the space requirements.

The APPS begun in 2005 by the initiative of the partner institutions that belong to international cooperation organizations that wanted to strengthen the technical teams of the political parties in their process to prepare the government plans in health in view of the 2006 elections. What initially had the pretense to constitute a space for the socialization of information about Peru's sanitary situation, became, by the initiative of the political parties, a space to achieve consensus on what would be the priority axes in health policies that all political parties should respect, both the ruling party as well as the political parties within the opposition during the 2006-2011 government period.

This first generation of dialogue and consensus in health policies begun in March 2005 and finished, successfully, just before the 2006 presidential elections, with the drawing up of a Document of Commitment on eight health priority axes which was signed by the leaders (presidents or generals secretary) of sixteen of the eighteen political parties which had taken part in the space of dialogue through their health technicians.   The APPS has been considered by all actors and institutions involved in the field of public health as a *sui generis* experience in the construction of consensus in social policies in the country and therein have participated the political organizations represented in parliament as well as many political parties without representation in parliament.

The electoral process of 2006 being finished, the political parties renewed their commitment with the APPS by means of the resumption of the working sessions and the preparation of new consensus in public health specific matters. In 2008 was carried out on the Agreement of Political Parties on the Leadership Function in Health (signed by thirteen political parties in April), in the year 2009 work was carried out on the Agreement of Political Parties on the Financing of Universal Health Insurance (signed by eleven political parties), and, finally, in the year 2010, deliberation took place on two key topics for the current political trend in the country: health decentralization in Metropolitan Lima and the health priorities for the 2011-2016 governing period in Non-Communicable Diseases, whose consensus documents have been signed.

After six years have passed of APPS performance and due to the last years of intense work in meetings, workshops with specialists and sessions of discussions of proposals in health by the political parties, the members considered necessary to hire an external consultant to

carry out a systematization of the advances that have been accomplished and also to make recommendations about the future steps of the APPS.

The results of the Consultancy that we hereunder present are included within this context and have the intention to contribute with a deep analysis of the experience: Agreement of Political Parties in Health -*Acuerdo de Partidos Políticos en Salud*- (APPS), by outlining a frame of reference with concept content that shall provide the tools to understand the nature and development of the APPS, pointing out the factors that have made possible the process of dialogue (conditions which favored the process as well as those conditions that marked the limits of the process), and identifying the effects in the strengthening of the political parties, especially with regard to their program-content capacity and in the development of political proposals in the health sector.

Without advancing the Consultancy's results, it is important to underline the reason why the study of the experience of the APPS is very important. The relevance of this study transcends the issue of the country's public health and concerns all those who want to understand the dynamics of the formulation of social policies in the country and the role and capacities of the political parties to contribute to this process. With the premise that there cannot be development without democracy nor democracy without parties, to work with the actors who represent us in the political system is a fundamental step for contributing to the difficult task of proposing better social policies and strengthening democratic governability in the country.

One of the reasons of the importance of this study is the particular composition of the Agreement of Political Parties in Health -*Acuerdo de Partidos Políticos en Salud*- (APPS) which is a space of dialogue among political parties which are represented not by their congressman or leaders but by their technical staffs. A member of the technical staff of a political party is a type of member of a political party who is of vital importance for the design of public policies in health. Besides, another factor that is worth mentioning is the scope of the convocation capacity of the APPS. Almost all political party forces in the country, traditional parties, new parties, left-wing parties, right-wing parties, small parties and big parties, all actively participate. In contrast to other agreements entered in by political parties wherein the commitment covers only a small number of parties with a particular interest in a given moment, as are the electoral alliances or parliamentary coalitions, the APPS is distinct from them all due to its ideological diversity and by its regular and constant performance to achieve long-term common objectives.

Finally, the APPS is a particularly interesting case wherein many political parties work together because the APPS has achieved recognition from all social sectors related with the field of public health and has enjoyed the benefit of the direct participation of high-ranking officials of the Ministry of Health, among them were Ministers, General Directors and

Advisers.   Also, the APPS has enjoyed the benefit of the direct participation of the representatives of the civil society organizations. Due to these qualities, the APPS constitutes a space that accompanies the political process in health reforms and serves, depending on the circumstances and contents, as a source of sustainability for certain decisions with regard to policies. The APPS have the potential to be a benchmark within the context of debates carried out on the issue of health and within the position taken by political parties on these health issues that can be taken into consideration by the actors who make decisions regarding policies and may also serve as an additional guideline for public administration. The APPS must not be considered as a pressure-group but must be considered as a group of actors wherein debates take place on policy orientations and wherein can be measured the temperament of political parties. The aim of the APPS is to favor the political institutional framework, thus, avoiding personality cult and improvisation to impose themselves with measures lacking technical sustainability and, in this manner, the APPS defend stability and consensus within the state's policies with regard to health matters.

1.1   Democracy, representation crisis and political reforms

The fragility of the Peruvian democracy, wherein persists dissatisfaction of the citizenship with the political institutions in the midst of a slightly-inclusive economic growth, is closely related with the deficiencies of the State to comply with its basic governmental functions. The limited capacity of the State to formulate policies of quality to attend the needs of employment, housing, health and education of the citizens increases the disenchantment of the citizens with regard to the institutions of the political system and puts at risk democratic governability.[2].

The poor performance of the state in guaranteeing the effective exercise of the economic and social rights of its citizens has had serious consequences for democracy throughout Latin America. The social manifestations which have hampered democratic governments in countries like Argentina (2001), Bolivia (2003), Ecuador (1997, 2000, 2005), and Venezuela (1993), have been the expression of a long-term crisis of representation wherein citizens have perceived that the state is not effective and that political institutions no longer represent them.[3].

Although with differentiated processes, in the majority of the countries of the region, citizens have expressed at some time their energetic rejection to the mechanisms of representation by reducing their political participation, by voting for new political parties and independent candidates or *outsiders*, and by organizing, under certain circumstances, massive social manifestations against their political authorities. Citizens' negative perception of the political institutions and of the capacities of the State has very serious repercussions on the stability and quality of democracy.

In the case of Peru, the so-called crisis of representation begun in the 90's wherein political parties showed their impotence in tackling the economic crisis and the internal war that

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[2] On state deficiencies and democracy see: Mainwaring, Scott (2006) "State Deficiencies, Party Competition, and Confidence in Democratic Representation in the Andes." In Scott Mainwaring, Ana María Bejarano, and Eduardo Pizarro, eds. The Crisis of Democratic Representation in the Andes. Stanford: Stanford University Press; and Sanborn, Cynhia (2008) "Desempeño del Estado y sostenibilidad democrática en el Perú" Lima: CIES, Universidad del Pacífico. On the situation of democracy see: Cameron, Max and Juan Pablo Luna, *Democracia en la Región Andina*, Lima, IEP:2010.

[3] On presidential crises and their causes see: Perez Liñan, Anibal, *Presidential impeachment and the new political instability in Latin America.*

suffered Peru at the end of the 80's[4]. The closing of Congress deeply harmed the legitimacy of the country's democratic institutions, the political parties and the powers of the State.

The political parties, which have primordial functions within democracy because they make possible the elections, they recruit and prepare the groups of professionals that shall perform governmental functions and that shall develop the political programs that shall collect the concerns of citizens[5], lost political relevance in the face of the proliferation of new political actors, outsiders, or independent figures that came outside the political milieu and responded to the citizens' discontent[6].

This situation completely modified the system of political parties in the process of being formed since the 80's. Also, this situation gave way to the extreme fragmentation (a high number of political organizations) and the high degree of volatility (high birth and mortality electoral rate among political organizations) of the system of political parties that we currently have. This change can be interpreted in many forms, positively due to renewal or negatively due to instability, however, this change entails dramatic consequences for political practice as pointed out by Tanaka (2005) "the constant exchanging of political actors, albeit it is supposed to be the renewal of politics, also supposes to charge politics with improvisation, lack of experience and makes politics vulnerable to the proliferation of particular interests".

In other words, the high rotation of a great number of political actors that assume governmental responsibilities does not permit the accumulation of knowledge and experience needed in the management of public affairs, weakens public institutions before the *de facto* powers that have the intention to impose their own agenda and affects the continuity of the State's policies. In synthesis, the weakness of political parties affects political stability and governmental effectiveness.

On the other hand, there is the issue of the fragility of the institutional framework which to neither absorbs the ever changing social needs nor sustains consistent and coherent public actions. The high levels of electoral fragmentation and volatility are the characteristics opposed to an institutionalized system of political parties that should comprehend guidelines

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[4] For discussion on causes and characteristics of crisis of representation in Peru see Tanaka 1998 and 2005 and 2006.

[5] On functions of parties see: "Sistemas de partidos y gobernabilidad democrática" in: Payne, Mark; Zovatto, Daniel; Carrillo, Fernando and Allamand, Andrés (2003), La política importa: democracia y desarrollo en América Latina, Washington D.C., Inter-American Development Bank, International Institute for Democracy and Electoral Assistance. On parties see: Sartori, 1976; Lipset and Rokkan, 1967; La Palombara and Weiner, 1966.

[6] See Tanaka (1998) on the collapse of the system of parties in Peru and Mainwaring (2006) on the crisis of representation in the Andean countries.

for inter-party competence relatively stable, parties with solid and deep support-bases and party organizations with rules and structures relatively defined. (Payne et al 2003)[7].

In systems of institutionalized parties, it is easier for citizens to demand accountability because parties have social bases and developed political programs. Besides, as the political parties are institutionalized, politicians depend more on the party to acquire a position and advance in their career and consequently they tend to adopt decisions that coincide with the program-content of their party and abstain themselves from adopting popular and demagogic measures. Finally, the institutionalization of the system of parties makes more predictable politics in general because the rules of conduct are known and accepted and actors are not concerned for the near future and are less inclined to pursue short term goals.

1.2   Between concerted action processes and party strengthening

In the face of the 2000 political crisis with the end of the Fujimori government, a series of efforts were put forward to strengthen democracy in the country. The diagnosis was that the Peruvian democracy was weak because there was not sufficient citizenship participation and social concerted action and because the political institutions had entered into a deep crisis of legitimacy.

Within this context, several lines of research surfaced emphasizing some elements within the problems linked to the fragility of the Peruvian democracy. For some, the problem was due to the scarce citizens' participation and to the absence of spaces for concerted political action among multiple political and social actors that would provide legitimacy to the democratic system. Herein are highlighted the studies carried out on the strengthening of the civil society, the mechanisms of citizens' participation, the importance of concerted social action and the development of the social capital. For others, the problem was due not to a supposed elitism of politics and the scarcity of citizens' participation as it is stated in the previous approach but in the weakening of the existing institutions of representation. Here are highlighted the studies on the causes of the crisis of the system of political parties, the classification of the systems of parties and organization of parties and the political and institutional reforms needed to strengthen the democratic administration.

The APPS may be analyzed as a product of both views of the interpretation of the problems of democracy in Peru; both trends of interpretation do not necessarily exclude one another, however, for the effects of analysis we shall separate in two: on the one hand, promotion of dialogue, participation and concerted action; and, on the other hand, the promotion of the

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[7] Payne, et. al. (2003), La política importa: democracia y desarrollo en América Latina, Washington D.C., Inter-American Development Bank, International Institute for Democracy and Electoral Assistance.

strengthening of political institutions, in this case the parties. The nature of the APPS responds to the needs identified within both views.

It must be highlighted that both dimensions of democracy (social and institutional) are important in the same measure and that the emphasis put on one dimension or another depends greatly on the specific field under study or the focus on the problems, however, to understand the nature and development of the APPS it is important to gather concepts from both points of view: that of dialogue and concerted social action and that of representation and political institutionalization.

a) Dialogue and concerted action

There have been promoted spaces for dialogue, participation and concerted social action as a way to bring politics to the citizens, both Peru and Latin America. For those who study democracy from its social perspective, dialogue and concerted action have a double advantage; on the one hand, they add legitimacy to the political reforms that are sought to be introduced within the public agenda by extending the social commitment with these reforms (in this case policies in health); and on the other hand they increase effectiveness because more actors are consulted or are promoted to express their concerns (in this case the parties and the social organizations in health).

In Peru, many processes of dialogue and concerted action at national and local level were promoted within the policy of strengthening of democracy initiated by the government of Valentín Paniagua (2000-2001) and continued by Alejandro Toledo (2001-2006). We are able to point out two emblematic examples of this great democratic process that sought to generate spaces of encounter between the social and political actors and reinforce the value of concerted action: the National Agreement- *Acuerdo Nacional*- (at national level) and the Committees of Concerted Action for Fighting Poverty- *Mesas de Concertación de Lucha contra la Pobreza* - (at local level).

The National Agreement - *Acuerdo Nacional*- began in 2002 to unite representatives of the State, the political parties and the civil society with the objective to agree on State policies based on a long-term view of the country, further on than the will of the elected governments[8]. The turmoil of the 90's and the beginning of 2000 left the message of the need of more pluralism, understanding and compromise from the different political actors with the Peruvian democracy. Recently, the National Agreement - *Acuerdo Nacional*- celebrated nine years of creation and even though its results as yet have not been assessed, the National Agreement has been appreciated and recognized by all the

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[8] For a balance on National Agreement see: Hernández, Max (2004) Acuerdo Nacional, pasado, presente y futuro, Lima: IDEA Internacional y Acuerdo Nacional.

authorities that have succeeded in the government, during the Toledo´s administration as well as during the García´s administration as a space wherein were promoted concerted action and national coordination.

Within the first objective of the National Agreement one can read: "to establish dialogue and concerted action on the basis of the affirmation of coincidences and respect for differences, establishing institutionalized mechanisms of concerted action and control that shall guarantee citizens' participation in the process of making public decisions". In this sense, the National Agreement takes its inspiration from the idea that dialogue is an essential practice for democracy and that "deliberation constitutes the center of democratic action" (Hernández 2004), and opens the door to multiple processes of concerted action at national and local level that in the following years have been set up in the country. This means that the National Agreement emphasizes the social dimension of democracy, wherein the participative component and that of dialogue play a fundamental role for governability, "a central objective animates the processes of civic dialogue, to extend citizens' participation through the creation of forums wherein the summons to resources and institutions having a broad base shall permit the making of decisions regarding topics whose complexity and urgency requires the seeking of consensus that extend the foundations of legitimacy" (Page 8)

A second example of these processes at local level is the Committee of Concerted Action to Fight Poverty - *Mesa de Concertación de Lucha Contra la Pobreza.*- (MCLCP). The MCLCP functions in a decentralized manner in the regions and is defined as a set of processes of dialogue and concerted action between the State and the local social actors on strategies against poverty. Its dynamic is to meet to exchange points of view, debate problems and provide a guideline for policies against poverty. The contribution of local actors to the view of authorities has a crucial value for the experience of the MCLCP, to which are attributed significant advances in the coordination of social policies whose disarticulation brings about an inefficient use of the economic resources of this subject. Besides, the MCLCP create confidence between social and political actors that may serve for later procedures in favor of the development of communities.

In Peru many studies have analyzed the possibilities and limits of the new mechanisms of dialogue, participation and concerted action, especially at local level (committees of concerted action, councils for regional and local coordination, participative budget), however, there are many pending studies in cases of experiences of concerted action at national level (National Agreement, National Councils on work, health, or education) [9]. Due

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[9]On spaces of participation and concerted action in Peru see: Remy 2005, Tanaka 2001. For a Latin American view on participation and democracy see: J. Mark Payne, Daniel Zovatto G., and Mercedes Mateo Díaz (2007) "Citizen participation and Democracy", en: Payne et. al. Democracies in development: Politics and Reform in Latin America. Washington: BID.

to the great diversity of experiences of dialogue and concerted action at local level, the analysts have put within the agenda of social research the need to advance in its systematization and classification for later on to make estimates on which social context and under what circumstances they function in a better way (types of objectives they seek, types of leadership, types of political organizations involved, etc.).

Some studies that have focused on cases of successful experiences of local concerted action coincide in pointing out two primordial conditions, on the one hand, that they must have an ample summons, that is, representative of the universe of actors in a given matter and, on the other hand, that there must be a neutral external agent that assumes part of the costs of the collective action (generally assumed by non-government organizations)[10]. AS we shall see further above, in the case of the APPS, participation of almost all relevant political organizations in the country and the invitation to the new organizations, as well as the support provided by neutral organizations as the international cooperation and the research centers are elements which favor- they would favor if strengthened- dialogue success and consensus construction with ample legitimacy in health policies.

The spaces for concerted action, as those which we have described, as are the National Agreement-*Acuerdo Nacional*- and the Committee of Concerted Action for Fighting Poverty - Mesa de *Concertación de lucha contra la pobreza*- MCLCP can be studied as background of the Agreement of Political Parties in Health - *Acuerdo de Partidos Políticos en Salud*- in the measure in which this also attributes value to dialogue, exchange of opinions, debate and the concerted action of political actors to strengthen democratic governability.

b) Strengthening of the system of parties

From another perspective, democracy not only needs of a strong civil society but also of solid institutions. A democracy having political institutions with weak foundations and with high levels of disapproval among citizens is a very fragile democracy that at any moment can be broken by the will of a minority or an authoritarian leader. Under this perspective, the reform and the design of institutions are instrumental to define the acceptable rules for exercise and access to power and to provide better conditions for acting together.

Many studies have addressed the problems dealing with the weakness of institutions and its repercussions in democracy, including the legislative power, the parties and the system of parties, the judiciary and public administration. When the independence of these institutions is eroded and they lack the strength to maintain certain stability or legitimacy to be respected, then policies tend to arbitrariness and ineffectiveness.

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[10] Regarding these points see: De que depende el éxito de las experiencias de participación ciudadana? Tanaka y Meléndez 2006, in Zarate 2006.

In Peru and Latin America, the decline of political parties has been one of the phenomena that has been most studied in order to understand the political processes of the authoritarian and democratic cycles. The functions of the parties are essential for democracy and the parties cannot be replaced by another actor whatsoever. The political parties are making possible to carry out elections facilitating the voters to link candidates with determined policies; are responsible of recruiting and training the future authorities; and developing a political project that gathers the concerns of the people. Without that, the politic become chaotic and unpredictable, the elections are held in a disorderly fashion because many candidates without a party cannot distinct themselves on the basis of political proposals and voters vote due to their personality traits. Elected politicians are mediocre and arbitrary because their members do not have experience or are loyal neither to the party nor to their voters and authorities act in an individual and improvised manner because there is no previously developed political project. For the parties' experts in institutions, the solution to the problems of democracy's chronic fragility lies in the design of new rules of procedure that shall favor the strengthening of the system of parties.

The Law of Parties enacted in 2003 (No. 28094) had as principal objective to strengthen the system of parties by means of the establishment of new rules of procedure that would grant incentives to the development of parties. As of that moment, a series of requisites to registry as party and compete in elections became necessary. The parties had to demonstrate they had a determined number of local committees throughout the nation's territory (2/3 of them in the regions), approve party statutes in national assemblies, carry out internal elections for leaders and candidates, submit reports on economic transparency, maintain an update registry of citizens affiliated and, finally, to timely submit signatures and governmental plans to the electoral authorities.

All these requisites sought to regulate the functioning of parties and favor that parties may thoroughly comply with their function of national representation. This function meant that the parties could secure a minimum of party activity, national presence and internal democratic rules and procedures. However, the effects of this norm and the other norms that sought to strengthen political representation that include the Law of Parties, the electoral laws and the decentralization laws, are still limited.

Although now there exists more than before a higher level of formalization in the functioning of parties, the electoral bodies are better organized and have more information on the parties, there still exists a serious internal weakness in the functioning of the system of parties. The electoral performance of the parties in the elections shows the low level of nationwide presence of parties, low intensity of party activities and a great dependency on personal leaders.

The diagnosis of the parties, after the reforms, is that the parties still lack stable and well-prepared professional teams and also the parties are very dependent of the personal milieu of the leader of the party. This translates into a low capacity of the parties to prepare proposals which can be feasible and informed on public policies; in this manner their proposals become very reactive to the pressure of the current political trends and of the *de facto* powers (the media, the economic elites, etc.)[11]. What is needed is to strengthen the parties in their capacity to contribute with better ideas and staffs of experts for them to later on be able to have access to positions in the public administration and participate in a responsible manner in formulating the policies.

In view of these problems, a considerable line of research has dedicated itself to the study of the characteristics of the organization of the political parties. The efforts to classify the parties go way back into time (Sartori, Panebianco). However, in the last decade there have appeared more studies which, on the basis of classical literature, seek to classify into categories the new party organizations formed after the crisis of representation and to center them within the Latin American Set of Problems dealing with the weakness of parties and the low institutionalization of democracy (Freidenberg, Alcántara).

One of the most accepted forms of classification of political parties is according to the type of relationship of the party with society. In this form of classification we have the masses parties and the "catch all" parties. The masses parties are represented by the parties which originated in Western Europe within the process of industrialization and which had significant bases of social organization, for example, the socialist parties. The masses parties are parties with ample mobilization capacity and strong ideological content, on the contrary, the "catch all" parties are parties pertaining to social organizations generally less significant, almost without ideology, electorally pragmatic and with very changeable structures. Besides, this "catch all" parties have a personal figure preeminence in the direction of the party. In Peru, the majority of political parties is more closely related to this last category of "catch all" party wherein the personality of the leader is the central issue; no political project is developed, and the majority appears not to develop a comprised militancy. Likewise, these parties do not have loyal voters.

Another form of classifying political parties is according to their "Time of Existence". The trajectory of political parties can show the higher or lower levels of institutionalization and program-content development. Also, the political context wherein they were founded and formed grants them certain marks that later on may influence in the organization of its militants and in the nature of their programs based on great ideals or in short messages. Consequently, the variable "time of existence" is very relevant to understand the levels of institutionalization and program-content development of the parties. In Peru, the parties

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[11] Tanaka, Vera and Barrenechea 2009.

were founded during the 90's and afterwards, they share the characteristics of low institutionalization, small number of militants and dependency on personal leadership. The traditional parties which were born before the crisis of representation-founded before the 1989 democratic transition- could have entered into a crisis situation due more to their excessive institutionalization, their incapacity to incorporate the new interests of a changing society into the contents of their ideological programs and their incapacity to address the economic problems and the violence which erupted in the 80's[12].

Chart 1. Classification of parties according to their time of existence

Classification	Party	Founding Year
Old (before the 1980 democratic transition)	Partido Aprista Peruano	1930
	Acción Popular	1956
	Partido Popular Cristiano	1966
	Movimiento Nueva Izquierda	1969
Intermediate	Fuerza 2011	1990
	Cambio 90	1990
	Perú Posible	1994
	Unión por el Perú	1994
	Partido Democrático Somos Perú	1997
	Solidaridad Nacional	1999
New (after the end of Fujimori government 2000)	Partido Alianza para el Progreso	2001
	Partido Humanista Peruano	2001
	Partido Descentralista Fuerza Social	2005
	Restauración Nacional	2005
	Partido Avanza País	2005
	Partido Nacionalista Peruano	2005

The classification of parties into two ideal types, the more institutionalized and with program-content and the more personal and pragmatic, may shed some light on the manner in which

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[12] On the crisis and masses parties' adjustment in Argentina and Mexico see: Levistky 2003.

each party behaves within a multi-party working space like that of the APPS. Extended along a line which goes from the most institutionalized to the more personal ones, with middle points having ambiguous and changing characteristics, the political parties that participate in the national political game have very different ways to understand their role in spaces of political discussion and have weaknesses and very particular objectives which are different from one another.

According to Levistky (2003) there are three elements within the concept of institutionalization: organizational stability (that generally is measured by the age of the party or electoral volatility), value in itself (commitment of members transcends initial objectives), and the *routineization* of internal rules and procedures. The different levels of institutionalization of parties in Peru may help to understand the problems and the manner in which parties relate and commit themselves with the APPS and the relationship of the technical staffs with the leadership of their parties.

1.3   Political parties, technology and public policies

One of the consequences of the low institutionalization of the parties is their difficulty to develop staffs and to attract members for the party. As we have mentioned, the system of parties that actually exists in the country is comprised by very electorally unstable parties that do not have formal and regular mechanisms for forming political staffs (with some exceptions) for the functions of government and resort to independent professionals once they gain access to power.

The more institutionalized parties who have a larger organic structure, greater electoral and governmental experience and a higher number of militants generally possess a larger group of technical staffs that eventually can provide support in governmental functions or they already have had governing experience. Although the type of relationship that the technical staffs have with party leadership depends on particular conditions (that we shall see in more detail in this document in the section: Findings), these particular conditions do not refute the fact that the party may have a higher number of technical staffs.

With emphasis on the technical staffs that the parties bring with them to the public administration, a line of research that has been developed during recent years are the studies on the role of the information that public officials (party-members or non-party members) handle in order to sustain their decisions on public policies. One of the most significant findings is that the type of approximation public officials has toward the empirical evidence and the information developed by experts is linked to the low level of training of the party staffs that enter into the public administration and with the absence of Think Tanks that produce knowledge susceptible of being used in political decisions.
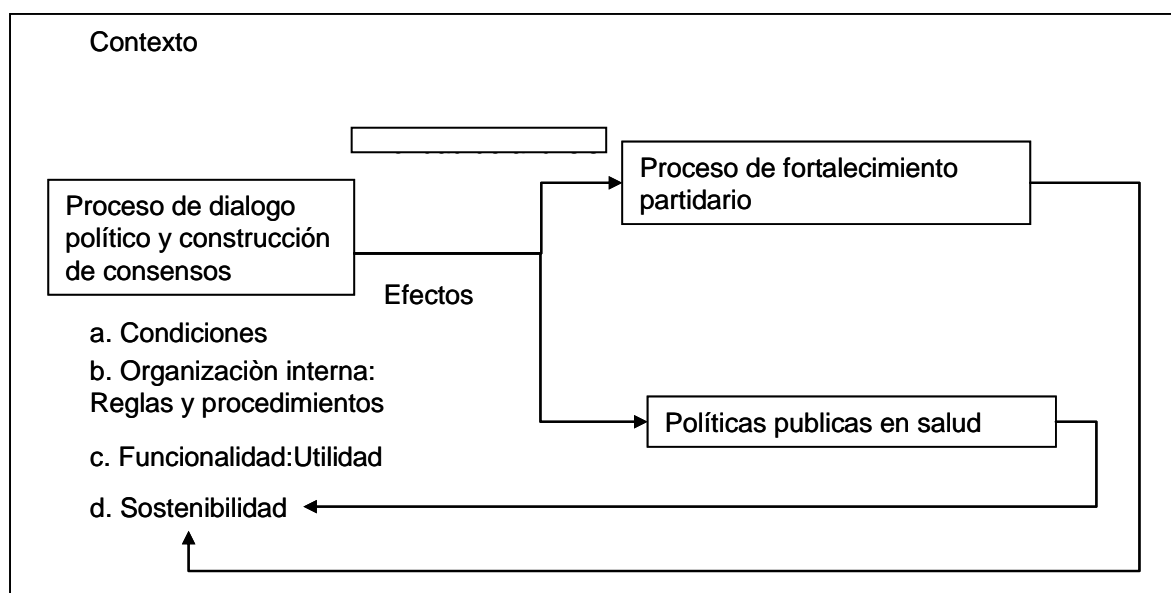
A recent study on Peru points out that an appropriate environment for the regular exchange between researchers and politicians is comprised of two key factors: high levels of institutional development and low levels of political polarization; and that within this environment, a consolidated system of parties is of vital importance to sustain these links (Dargent 2008). Along this same line, Tanaka et al also points out that the presence of a period of serious crisis gives way to deep processes of learning that make possible greater consensus on options of policies necessary to overcome the crisis (the case of the economic crisis at the end of the 80's in Peru), however, they warn that these higher levels of professionalization in the making of decisions within the cycle of policies could affect the plurality of the participating actors.

In Peru were formed islands of efficiency in the 90's, with the implementation of the policies of neoliberal adjustment. The stabilization of the country permitted to rebuild the State's capacities, at least in some areas, thus, developing those "islands of efficiency" wherein began the formation of a liberal state technocracy (Abusada, 2000). In these islands, spaces relatively reserved within the State, the game is played on the basis of rules different to those rules applied for the rest of the state apparatus, with a higher weight of meritocracy, higher salaries and evaluation of performance. These "islands of efficiency" were basically concentrated in key areas linked to the management of macroeconomics.

The APPS formation can also be helped by understanding them from this point of view identified by the literature of technocracies, public policies and the role that the parties play regarding this issue. The quality of policies depends on the level of information and empiric sustainability with which decisions are made and the parties may contribute to this undertaking by training of their technical staffs.

Axes in research

As of this short theoretical review on the surfacing of initiatives within spaces of dialogue and concerted action in Peru and on the lines of work on institutional strengthening of the system of parties, we have identified six research axes that should be present in our study, as can be appreciated in the following scheme:

Contexto

Proceso de dialogo
político y construcción
de consensos

Proceso de fortalecimiento
partidario

Efectos

a. Condiciones

b. Organizaciòn interna:
Reglas y procedimientos

c. Funcionalidad:Utilidad

Políticas publicas en salud

d. Sostenibilidad

The spaces of dialogue and concerted action can be very different, depending on the context and objectives that are to be obtained. For this reason we point out the following aspects that need to be analyzed: first, the general context wherein experiences are registered, as the APPS and then the particular conditions wherein the APPS develops; we shall analyze functionality in terms of having perceptions on the usefulness of the process of dialogue and construction of consensus in health; in a similar manner shall be studied the internal organization understood as the rules and procedures that are established and can influence the possibilities to achieve its objectives. Finally, we shall address the sustainability of the process of dialogue (understood as the factors that have facilitated or limited the process of dialogue) and the effects of the process of dialogue and construction of consensus, understood as the influence of the process of dialogue in the development and strengthening of parties, mainly the effects of this in the formulation of policies in health.

The six research axes are:

1. Conditions: The processes of dialogue surface within a context in which representative democracy seeks to redefine and re-legitimate itself by approaching the civil society and various actors involved in determined issues of public interest. The institutions of representative democracy (congress, parties) are tarnished and due to this fact there is a search for the construction of social pacts and ample consensus to secure the

effectiveness and legitimacy of policies13.Identify the situation in which the process of dialogue in health is set up. What diagnoses give form to the initial idea of the promotion of the process of dialogue? Value the initial conditions that are present at the moment the process of dialogue in health is launched and how these initial conditions affect development and subsequent sustainability of the process of dialogue. Analyze the possibility of copying these conditions in other sectors.

2. Functionality: There is a double type of functionality that theory in political science ascribes to the processes of dialogue and concerted action, the effectiveness and legitimacy of decisions around an issue of public interest (in the case of the National Agreement these are the policies of the State, in the case of the MCLCP these are the strategies to fight poverty). In the case of dialogue in health, there is the intention to identify the specific fields wherein it is expected to take action (culture of dialogue, use and appropriation of knowledge, capacity by parties to issue proposals, etc..), taking into account that in practice the actors involved in the process of dialogue have different expectations and ascribe to them particular values.

3. Internal organization: The form in which work is organized in the process of dialogue may influence in the pursuing of its objectives and the sustainability of the space. Describe established norms and procedures (formal and informal) to guide behavior of participants in debate and construction of consensus in health. Identify the types of participants and the roles that each one plays in the process of dialogue. Analyze the environment of work and relationships established among participants.

4. Sustainability: Development and permanence of the process of dialogue depend on some variables that act within the process of dialogue: characteristics of participants, characteristics of party organizations and relationships with other institutions. In this sense, the following variables shall be analyzed:
   a) Trajectory of representatives of political parties (professional and political field).
   b) Organizational characteristics of political parties (levels for making decisions, dialogue-channels and debate on agreements, channels for dissemination of evidence and ideas).
   c) Type of relationship (recognition, support, backup, advice, disarticulation, rivalry) established with other institutions linked to the sector, as the partner institutions of facilitators of dialogue, Ministry of Health and Congress of the Republic.

5. Party development and policies in health: The process of dialogue in health can potentially influence the problem of institutional weakness of the system of parties, in particular regarding the program-content weakness (development of proposal-capacity and development of technical staffs) because it could favor the development of the body of ideas in health that shall serve as input for the proposals of programs of parties and propitiate that the representatives of parties shall manage and share evidence and

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[13]This point has been partially developed in the theoretical marc we present in this document, but can be pursued deeper and perfected from more secondary information (revision of bibliography) and interviews with experts in politics (see section V).

knowledge in health. In this manner, we shall analyze the effect of the process of dialogue in health on two fields:

    a) The proposal capacity of parties on health policies.

    b) The development of the health technical staffs of parties.

Additionally, we shall reflect on other effects of dialogue in health that can be seen within the field of health policies, possibly indirect and long-term effects. For example, the generation of a common body of ideas regarding health, the generation of confidence among the actors involved in health policies, the legitimacy of the initiated reforms, etc.

2.   DEVELOPMENT OF THE APPS EXPERIENCE

2.1   Objectives

For the APPS members this is a space that has as its objective to increase dialogue, comprehension and training of the technical staffs of the parties, and at the same time to influence the public agenda through the construction of broad political commitments with the State's pending tasks in the field of health.

The APPS puts together a group of health experts that shares the conviction that to improve the system of health of the country, the parties, notwithstanding its ideological position, have to commit themselves to work toward the same direction. For this reason, as of the Agreement of Political Parties in Health, the representatives identify as their objective to construct consensus that shall serve as benchmark for the political authorities.

In the words of an APPS representative, the objective was: *"to construct a health agenda based on consensus that we would agree to formalize and sign in such a manner that the APPS would then be respected by any given government, whatever government were to be in power, it had to fulfill the commitment".*

It is most common for social sectors to be vulnerable to political changes, to be manipulated according to the mood of the authorities and subjected to practices of corruption or patronage, especially when there are no social actors to investigate or a strong academic or professional community to oppose resistance. According to Dargent (2008) who studies the functioning of the "islands of efficiency" in the State, in the case of the Ministry of Economy and Finance (MEF) the two principal conditions that explain political economic stability are (i) the existence of actors interested in maintaining a professional management of the area (ii) consensus on what is a "prudent economic policy".

The Agreement of Political Parties in Health, that is developed within this context, assumes as principal objective to become a guide of the great policies in health, to avoid that the politicians be inclined to implement short-term measures and, on the contrary, for the politicians to grant priority to the broader policies of health of the State. When there are in place tools like the APPS which make public consensus that all political forces support, there are more restrictions for politicians to abandon State policies. Consequently, the APPS objective, as understood by its members and supporters, is to favor the construction of this type of political consensus.

In the words of the technical representatives of the APPS, their work has as objective: *"to fix some common points of the line of policy of the State in health"* and *"to seek the consensus of political parties as a way to put an end to discontinuity in the policies in health".*

However, also the APPS members recognize as objective to generate a space for deliberation and training, where information shall be socialized and to execute exchange of opinions. This intermediate objective is compatible with the aim to achieve a greater incidence on the health public agenda. In the measure in which there is to be more information, more dialogue and more opinions on policy lines, present and future, there shall be better capacities to make good decisions in the management of the health sector. What this is all about, is to create the political conditions for this to happen beginning with the health experts' collaborative work, that of the national political organizations, the civil society organizations and the international organizations.

Regarding deliberation, the technicians adscribe to the APPS the objective to become a space wherein may convene professionals having different interests. These professionals can express themselves freely and be listened by the others. Due to the weakness of political parties, public health professionals find few spaces within their party organizations where they can discuss these issues and the APPS constitutes a special space where professionals meet having common interests committed to the debate on the destinies of health in the country, despite ideological differences. As expressed by a political party representative:

" the APPS must be a space of dialogue, a meeting of the different postures that the political parties may have on the different dimensions of health in the country".

Regarding information, the APPS members expect it to be a space to receive new information, to maintain themselves up to date on the processes in health and to develop more informed visions and proposals. The APPS can help members to delve in subjects that are not well known or to obtain new perspectives on subjects that they already handle In both senses, to be able to receive information brought in into the space is of great value for health technicians and constitutes one of the principal goals of the space. As expressed by a technician representative when questioned about the APPS objectives:

 "for APPS to provide frequent and updated information regarding proposals that are converted into Bills, to maintain oneself updated".

In fact, it frequently happens that during the working sessions, when experts express their knowledge with regard to a given subject or the parties explain their health proposals or the social organizations' representatives comment on a given subject, generally they refer to a piece of information or an ongoing process in the health sector that its technical staffs previously did not know about. It is for said reason that the technical staffs value this space also as a space to acquire information, to be updated and even to acquire training. In the words of a technician representative:

"this is transforming itself into a school for the health staffs"

In summary, the APPS objectives according to its members are (i) to exercise influence on the broad lines of health reforms and policies with the aim to impose continuity to the State's health policies, and (ii) at the same time to serve as a space for deliberation wherein can be expressed divergent opinions, and (iii) a space for learning wherein one can receive information on political processes on the subject of health.

2.2   Periods

The APPS is born within the context of the rise of concerted political action and party strengthening as strategies to grant vigor to the Peruvian democracy.

In 2002 the National Agreement had been signed. This agreement promoted dialogue between political and social forces and accomplished a commitment with regard to 30 State policies. During the following years, reforms were introduced into the normative framework of the system of parties with the objective to make the political parties more strong and representative of the interests of the society.

Within this background, the partner institutions called in the first meetings of the technical staffs of the parties to what later on was to be named the APPS. The party organizations responded in a very collaborative way giving way to an unpublished experience of multi-party meetings that were carried out for more than five years.

The first cycle of dialogue of the APPS was developed within the pre-electoral context. Political parties were to enter into the process of calling for health technicians that could prepare the corresponding chapters in their governing plans following the new Electoral Normative Framework that now demanded them to submit a document containing their governing plans with the National Office of Electoral Processes- *Oficina Nacional de Procesos Electorales-* (ONPE). As the invitation of the facilitator partners coincided with that current political trend wherein the technical representatives were active and interested in feeding themselves with inputs to prepare the proposals of health policies, the parties agreed to attend the meetings.

The parties were very interested in cooperating with a space wherein debates could be held on matters pertaining to the health problems in the country; first-hand and updated information was to be provided on the health situation of the country; and the analyses carried out by national and international experts on health policies and reforms to be implemented in the country could be heard. There was a combination of program-motivation and electoral-motivation of the parties in favor of APPS development.

This first cycle of dialogue began on March 2005 and ended on March 2006, and established a milestone in public health in Peru. An unpublished event of numerous meetings with a significant attendance of the technical representatives of political parties concluded with the signing of a document of agreement on eight central axes in health: infant health, maternal health, communicable diseases, decentralization in health, health insurance, financing, citizens' participation and access to medicines.

Sixteen of the eighteen parties which participated in the APPS meeting signed this document: Acción Popular, Alianza Para el Progreso, Avanza País, Coordinadora Nacional de Independientes, Fuerza Democrática, Fuerza Social, Movimiento Nueva Izquierda, Partido Aprista Peruano, Partido Humanista Peruano, Partido Justicia Nacional, Partido Popular Cristiano, Partido Regional Autogobierno Ayllu, Partido Socialista, Perú Posible, Solidaridad Nacional, Partido Democrático Somos Perú. The signing was executed by the highest ranking authorities of the parties, the secretary general or president. This fact ascribed great value to the agreements.

Despite being a very plural group of parties wherein were present all ideological trends with all types of political weight with or without representation in parliament, with or without electoral power, at the moment of the signing of the documents, the APPS put forward its first declaration of general agreements on health policies and reforms for the 2006-2011 period of government.

This phase was systematized by the facilitator partners of the process and disseminated at the international level. Besides, the experience obtained international recognition through the *Instituto Nacional Demócrata* (NDI). The National Democratic Institute –NDI- highlighted how in countries with a low-institutionalized democracy as the Peruvian democracy where the loss of prestige of parties affected the political predictability and the communication channels with the citizenship, the multi-party work added stability and certainty to the democratic system and its results. For Peru it was a central objective for the last decade to achieve a democracy that would guarantee results in economic and social policies and the APPS represented a fundamental step within this task.

Besides, as part of this successful experience, the facilitator partners implemented a course with the title: "Political Reform and Health Reform " to train young leaders of parties on best practices in health policies. The program consisted of eleven sessions wherein were addressed various subjects from fundamental concepts of health policy up to the tools necessary to develop and renew the parties and their program-platforms. The result was satisfactory and currently two of the APPS parties are represented by the young men that received training in this course.

The satisfaction to achieve a political agreement backed by the principal leaders of the political parties stimulated the actors to value the APPS space as a place of encounter that in the future could promote more issues in health for the public agenda.

In this sense, in July 2008 it was decided to recommence conversations among parties and to establish a menu of subjects with which to work within a new cycle of dialogue. Meetings were held with the intention of discussing the progress achieved in the implementation of the agenda of health reform.   Likewise, therein was highlighted the importance to prepare proposals to specify and support the administrative role of the Ministry of Health.

In March 2009, this process ends with the drawing up and the signing of a document of consensus wherein are described the agreements achieved with regard to the function of leadership in health presented in four points: priorities in health management; functions in regulation and supervision; conditions for harmonization in providing health services; and the mechanisms for the modulation of financing and guarantee of insurance. On April, 2009, this document is submitted to the Ministry of Health and Minister Oscar Ugarte (October 2008-August 2011) gave public recognition to said document and expressed his intention to make mandatory, during his tenure, the APPS recommendations.

Thirteen parties signed the document on the leadership function in health: Acción Popular, Alianza Para el Progreso, Avanza País, Cambio 90, Movimiento Nueva Izquierda, Partido Aprista Peruano, Fuerza Social, Partido Humanista Peruano, Partido Popular Cristiano, Partido Socialista, Perú Posible, Restauración Nacional, Solidaridad Nacional. Some have retired due to the lack of technical staffs that could attend the working meetings or due to the virtual disbanding of the organization after the 2006 electoral process; while other parties joined in the interest to participate in the experience that had already produced a first agreement during the period of 2005-2006[14].

After this cycle of dialogues on the leadership function in health was finished, in April 2009, within the framework of implementation of the General Law of Universal Insurance in Health- *Ley Marco de Aseguramiento en Salud*- the APPS initiated a new cycle of dialogue and consensus regarding financing of universal insurance.

In April 2009 was approved the law *Ley Marco de Aseguramiento Universal en Salud* (No. 20344) with the objective of: "guaranteeing the progressive and full right of every person to the social security in health as well as to stipulate the access and functions of regulation, financing, providing of health services and supervision of insurance" (Article 1).

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[14] To obtain detailed information on parties that signed each one of the consensus documents and the authorities that represented them see Annex 2.

Health insurance is a subject that has been discussed by several organizations concerned with the poor conditions for universal access to health. Organizations of the civil society, the National Agreement-*Acuerdo Nacional*- (signed in 2002) and the Agreement of Political Parties in Health - *Acuerdo de Partidos Políticos en Salud*- (in its first generation, from 2005-2006), have highlighted this subject as a central issue in the reforms in health. Within this context, being financing a critical point for the development of the insurance, the APPS decided to develop a proposal in this regard.

This agreement was signed by eleven political parties: Acción Popular, Alianza por el Progreso, Cambio 90, Movimiento Nueva Izquierda, Partido Aprista Peruano, Fuerza Social, Partido Humanista Peruano, Partido Popular Cristiano, Perú Posible, Restauración Nacional, Solidaridad Nacional.

The fourth cycle of dialogue and consensus was held during 2010, wherein were addressed two issues of great importance: the decentralization of health in metropolitan Lima and the construction of the health agenda for the new period of government 2011-2016, prioritizing topics as the non-communicable diseases and the human resources in health. These issues were developed within the framework of the beginning of the governmental periods – national and municipal- whose authorities would be defined in the elections of October of 2010 (municipal) and April of 2011 (presidential).

Between May, June, and July were held meetings in order to discuss the balance of the sanitary situation in the country and the perspectives for the governmental period 2011-2016 which was to be inaugurated in the near future. This small cycle of meetings received the expositions of the Minister of Health, Oscar Ugarte and health experts of the civil society and from the national research centers. The issue of decentralization acquired political importance within the previous context to the elections of municipal and regional authorities, especially, in the case of decentralization in Metropolitan Lima which entailed a series of responsibilities that were to be assumed by the new administration.

On this issue, five meetings were held between July and September, the last meeting being held a few weeks before the municipal elections took place in October 10, 2010. First, meetings had the objective to learn about the current situation and the perspectives of the decentralized management of health in Metropolitan Lima, and then, two working sessions were dedicated for formulating parties' proposals and the analysis of the systematization of propositions. The document of consensus that was prepared on the basis of the parties' propositions and amended in an open meeting with the parties' representatives is currently in the process of being signed by party authorities.

Regarding the issue of the proposals within the health agenda for the new governing period 2011-2016, several meetings were held between October 2010 and January 2011. The

former were dedicated to the parties' representatives on health priority issues and then meetings were organized to conduct discussions with regard to the two priority issues: Non-Communicable Diseases and Human Resources. The following meetings organized on these two issues had to be momentarily suspended due to the 2011 electoral process which was coming and produced pressure on the time available for the parties' technical representatives. Due to the fact that these technical representatives many times also had to fulfill technical assistance tasks in preparing the governmental plans of their party organizations or had to assume more party responsibilities during this period, they had less availability to take care of the APPS meetings.

The electoral context gave way to this working conditions, however, at the same time the electoral context has permitted the technical representatives that were actively cooperating with their political parties in the electoral process to directly transmit to their parties the inputs conveyed to them in the APPS working sessions (later on we shall see the characteristics of these mechanisms). The electoral context served as a natural platform for the work that was being developed from the APPS. In these cases, the APPS has contributed through the health technicians for the political groups to have a larger amount of specialized information that shall permit them to develop better governmental proposals in the field of public health.

3.   FINDINGS OF STUDY

This section is organized into two parts, first, we analyze the factors that favored the process of dialogue in the APPS and second, we identify the effects of the APPS on the parties that take part therein.

3.1   Factors that favored dialogue

The majority of actors that have participated directly or indirectly in the process of dialogue and construction of consensus coincide in stressing the particular working environment of the APPS, wherein respect, disposition to listen prevails and the cordiality among representatives of the different parties despite the possible contraposition of their ideological positions. According to a representative:

"success is due to the respect we have for each other, above any disagreement whatsoever"

What made it possible to achieve this working environment so favorable for deliberation and construction of multi-party consensus? We can distinguish in the following lines five factors that should not be ignored in future efforts to copy the APPS experience in other sectors.

First we must mention the role played by the facilitator partners which as neutral agents favored confidence of the political parties in the process. In second place, the form in which the APPS internal organization, wherein a plural coordination committee was organized in charge of the planning functions of the activities and representation of the APPS before other institutions of the health sector, which permitted the APPS to win a relative autonomy and formality. In third place, the APPS working methodology wherein transparency in planning and the making decisions, constantly prevail opened for modifications which favors confidence among actors. In fourth place, the existence of a community in public health assumes that actors involved shall have many things in common, beyond the APPS, like professional relationships, common working experiences and a shared view on the value of information for debating health policies; these common interests favored collective work. Finally, the APPS recognition on the part of other institutions granted the APPS a political weight and a long-term encouragement which favored members' confidence in the real capacity of influence of the APPS.

A reflection coming from the analysis of these factors is that a shared vision by all actors has made a difference in the public policies in health, and for this reason these factors have favored members' confidence in the experience's success. Without members' commitment and effort dialogue would have not been possible and consensus would not have been prepared and signed. When collective action promises good results, individuals are better

motivated to cooperate. The four factors we list in the following lines contributed to this general confidence on the good results that the APPS would have.

a) The role played by the facilitator partners

The APPS has the support of the partner institutions (organizations of the international cooperation) which fulfill the important function of facilitators of dialogue.

The presence of a neutral actor is fundamental for any experience of debate among actors having different postures regarding one sole subject to be able to prosper. Due to the fact that the responsibility for preparing the systematization the parties' proposals is assumed by the Coordination Committee and the facilitator partners who are perceived as unbiased, the political parties trust that the products of the process of dialogue are objective and adjusted to their will, thus, providing certainty to the process of dialogue[15].

Besides, the partner institutions are responsible also for the confidence that other institutions grant to the APPS; being comprised by high-quality professional teams confers reliability to the process of dialogue carried out by the parties within the APPS. The prestige that the APPS has acquired through the partner institutions in charge of facilitating the process of dialogue is reflected in the capacity for summoning that the APPS has had during the previous years, thus, being able the APPS to count with the participation of national and international experts and high-ranking officials of the Ministry of Health as lecturers.

b) The internal organization of the APPS

The APPS has two levels, the open level that united the total number of health technical representatives and the Coordination Committee (CC) which puts together a plural core from the open level being CC functions a key factor in the generation of confidence among internal and external actors in the APPS process of dialogue.

Due to the fact that the APPS meetings summon a large number of health party representatives, experts, civil society representatives and public officials, it is necessary for a reduced level to exist comprised of party representatives wherein can be discussed the matters related to the organization of said meetings. Consequently, the Coordination Committee (CC) is in charge of the planning and coordination necessary for the successful execution of the working meetings. This means to define the working plan proposal, the agenda of each session, the guests, and, in general, to define the manner in which the short

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[15] Consensus construction methodology contains several moments for revising the final text for all political organization to be able to express their approval for the final text.

and medium term objectives established by the open level of APPS representatives shall be achieved. For example, after the open level of the APPS shall decide on the priority subjects on which work has to be done and in what order, the Coordination Committee has the task to translate this decision into a working plan.

Besides, the Coordination Committee also fulfills the functions of representing the APPS in external activities organized by public institutions and plays the role of General Committee-under permanent assembly of the APPS to face the most urgent matters wherein the reaction and opinion of the APPS is required. Due to the fact that the Coordination Committee is democratically elected for each cycle of dialogue by the other party representatives in the APPS, it has the necessary legitimacy to take the will and interests of the APPS to other political spaces in the field of health. Besides, the existence of the Coordination Committee confers autonomy to the APPS with regard to the own opinions of the partner institutions which support the process.

Finally, the Coordination Committee is also in charge of the supervision of the existing norms and procedures. This provides the APPS a higher level of organization. In any space of dialogue the clearness of those rules and procedures conducting the debate generates more confidence in the participating actors. For example, one of the main tacit rules and procedures that the Coordination Committee enforces is the manner in which each one of the technical staffs must prove the backing of their party. This fact is especially crucial for a space as this one wherein the political legitimacy is fundamental for its impact.

In summary, the existence of a Coordination Committee of the APPS in charge of planning and organizing the activities is fundamental for dialogue in three senses: the CC confers the APPS a regular existence; permits it to have a formal, united and autonomous presence before other institutions; and favors formalization of internal rules and procedures which helps confidence in internal relationships. All these elements favor confidence of internal and external actors in the APPS process of dialogue.

c) The working methodology

It is very important to generate party confidence the progressive transparency and improvement in the form of organizing the work.

Each cycle of dialogue has several phases; one in which the Coordinating Committee develops and consults the working plan; another where the experts are called in to offer their perspectives on the subjects under discussion, and finally, a phase wherein the documents are developed for construction of consensus, taking as inputs the parties' proposals, the systematization prepared by the facilitator partners, and the consensus matrix that the parties return expressing their level of approval/disapproval. These steps

comprising the working methodology where the process of construction of consensus is transparent and open to constant modifications have favored the developing of confidence within the APPS.

This fact is reflected in the working meetings. Each one of the working meetings by itself is a step forward, susceptible of being perfected and transparent, in the construction of consensus:

- The phase wherein national and international experts expose.

- The phase of presentation of the parties' proposals.

- The phase of discussion and correction of the systematization of proposals.

- The phase of the signing of the agreements.

However, it is worth noting here that this working methodology also makes more evident the manner in which contents proposed by some parties are left behind. Due to the fact that all parties prepare many propositions on sub-matters granted priority within each cycle of dialogue (for example, in the matter of the decentralization of health in Metropolitan Lima or in the agreements on non-communicable diseases or in the matter of health human resources) there exist some propositions that for being minority propositions are left outside the agreements. Consequently, some political parties feel that their propositions are left behind by the proposals of other party organizations that do receive the approval o the majority. This fact generates some discontent.

Nevertheless, the process of systematization of the parties' proposals and the preparation of the tools for consensus, which is an open process and a process subject to constant modifications, do generates the feeling of a transparent process in the majority of the actors and reinforces the confidence of these actors in the result of the process of construction of consensus.

d) The community in public health

The technical representatives in health share many common objectives and values which have permitted to carry on the experience of dialogue and construction of consensus. Despite the fact that when political parties are in discussions it is common to observe the contraposition of actors for imposing their own vision, in this case, the common values and the value of empirical evidence and of the motivation to achieve a real effect on the health situation in Peru; this favored the progress of dialogue.

According to one representative, it was very important to recognize that there existed some affinities among them:

"*to the issue of health still is not granted the importance that should be given to it; this is one of the reasons for which we are so united as a groupe, because all of us know that there exists an incredible lack of awareness with regard to the health sector. The issue of health in the ranking (of priorities of public debate) is very low for they have other issues to be discussed before, consequently, we all have to fight for this issue to enter into the political discourse*"

Many times even the technical staffs of the parties find more common ground with their peers in other parties than with the militants of their own party. Due to the fact that they are professionals involved in the same field of interest and know quite well the difficulties of the sector, they feel united around the same concern. This factor brought them together and facilitated understanding.

The weight of professional life for the technical representatives in health is an element that marks their identity, especially in a professional field whose members are very well organized in unions, associations, associations of professionals and there exist common spaces for encounter besides the APPS. Consequently, the existence of other spaces for encounter prepares the ground for the health technicians' confidence in the APPS. That is to say, there is a feeling of cordiality in some cases a pre-existing one in the space of dialogue of the APPS and, then, this fact facilitates the environment of work.

The points of encounter and the shared identity of the public health community are reflected in the opinion of this representative:

"*there are parallel activities, the integration in the health inter-governmental council and the health national council, the APPS due to its years has been gaining spaces and already has its own opinion*"

The support granted by former Minister of Health Oscar Ugarte has been highlighted by the majority of those interviewed members as a key element for dialogue to prosper. When the maximum representative of the sector pointed out that the APPS agreements shall be mandatory, he granted to the process a central level of importance that before the process did not have. But Minister Oscar Ugarte's sympathy for the APPS was no coincidence because, in his case, also the professional experience had him personally committed with the experience of dialogue in the APPS. His work as a consultant before becoming Minister had led him to the work of facilitator in the initial phases of the APPS.

Nonetheless, the fact that an official of the Ministry of Health, even a Minister of Health, had been previously working in the private sector and/or international cooperation and know it is his opportunity to work in the public sector is also evidence of the maturity of the public health community. The scope of the professionals and the social networks is so broad that their members find themselves find themselves in one or another side of the table exchanging roles.   This fact permits us to speak of the possibility of an accumulation of knowledge and common perspectives on the way to face the principal health problems in the country. Although this does not mean that all the members of the professional community think in the same way, the fact that the positions of their sub-groups or members with regard to common problems is known is important for any professional community.

When this happens, we can speak of a community with spaces for encounter and discussion wherein there can be an Exchange of different views and knowledge as for example the case of an intellectual community which is comprised by multiple institutions and actors who debate among them the best ways to solve the scientific problems of their competence. Generally solutions are different but the problems are the same ones.

As highlighted by Dargent (2008), the existence of a community of technocrats that changes its labor position between the private and public sector favors the continuity of policies because they are the same ones, or those related to them, who subsequently achieve power in order to establish an idea that was discussed for the first time in the corridors of the centers of their university formation or those of a social organization. As mentioned by Tanaka et al (2011) in their study on communities producers of information and the economic reforms of the last decade, there exists the risk that the community in charge of the policies may become a less plural community but there is a gain in comprehension and thoroughness in the handling of the same type of empirical evidence and tools.

Transferring these findings to the case of the public health community, the fact that there are many doctors and professionals with affinity to medicine favoring the exchange of ideas may open the possibility to lose plurality of thought. Nevertheless, the fact that the public health community is multi-disciplinary is important because this fact makes the community more plural and favors its legitimacy, although it may make more difficult to make decisions with which all may be happy.

3.2   The effects on the political parties

As mentioned before, the low level of institutionalization of the Peruvian system of parties expressed in the high electoral fragmentation and volatility, affects governability. The more institutionalized systems of parties with guidelines of inter-party relationships relatively stable, with party organizations with social bases and solid political programs and with internal rules and procedures relatively defined and known, permit their citizens to demand their representatives the rendering of accounts (*vertical accountability*) and inhibits

politicians from following popular demagogic conducts and patronage and from implementing measures following short-term goals.

The process of dialogue in health may potentially influence in the problem of institutional weakness of the system of parties, specifically regarding program-content weakness (development of proposal capacity and development of technical staffs) because this process may favor the development of a body of ideas in health that would serve as input for the parties' program-content proposals (through information and upgrading the skills of the technicians) and also may stimulate parties' representatives to handle and share evidence and knowledge with regard to health. This means that the impact of the APPS on the parties may express itself in an improvement of the proposal capacity of the parties in health policies and in an improvement in the development of the parties' health technical staffs.

a) Characteristics of the health technical staffs

To analyze the positioning of the technical staffs which participate in APPS, it is necessary to know which their professional credentials are because these generally determine their capacity to inspire respect in the other staffs of the party and to be listened by the leaders.

Besides their professional background, the technical health representatives of the APPS have different capacities of influence within their parties as a product of the representativeness of a health professional sector in the party or their personal closeness with upper echelons of the party.

The first characteristic of representativeness only can be seen through their technical performance in party positions or positions gained by popular elections. The second characteristic-their closeness with party leaders- can be seen by the manner in which they communicates with party representatives either for the updating of the subjects discussed in the APPS or for the signing of some of the consensus documents prepared by the APPS.

Professional characteristics

Regarding professional characteristics, we find that APPS technicians are, in the majority, involved in matters of public health by direct relationship with their labor history. Most of them have held, at some time, a position in the public sector, at the head of a health unit or in some bureau of the Ministry of Health. Their passing through the public sector confers this technicians an experimented view on the sanitary problems of the country and of the public apparatus in charge of implementing the State's policies.

Save for a few exceptions, the vast majority of them has had experience in the public sector and although the APPS discussions require a very detailed knowledge of different matters,

their professional trajectory, most outstanding in the field of health, permits them to carry themselves with solvency.

Who has had experience in positions within the public sector? We find an important relationship between the labor experience and the role in government that the party has or has not played in the past. For example, the case of those who have been directors of hospitals is present in political parties that once were in the government, as the case of the fujimorista Cambio 90, as well as that of Acción Popular which led the transition government headed by Valentín Paniagua, or as Perú Posible which was in the government between 2001 and 2006 with Alejandro Toledo.

Also, there exists another type of experience in the public sector but at local or district level. The parties that have been local government, like Somos Perú (1998-2002) and Solidaridad Nacional (2002-2010) in the case of Metropolitan Lima, have health representatives which have had experience as managers or councilmen of municipalities.

Generally speaking, the technical representatives of the parties have very outstanding professional trajectories; this fact provides political weight to the APPS space dialogue.

At the same time, their participation in the APPS confers technical representatives certain responsibilities for the development of policy proposals that permits them to gain experience in the field. Except for the oldest parties, the technicians had had no opportunity for developing policies. This means, that although the technical representatives are outstanding professionals, they always have not had the opportunity to practice the preparation of policy proposals in health. For this reason the APPS contributes to their education.

Besides, as it has already been mentioned, one of the APPS objectives is to contribute by providing tools, information and analysis of experts to the parties' technical staffs. In this manner, those technical staffs that regularly attend the meetings feel themselves very privileged to have access to this type of experience. They consider their APPS participation as an aggregated value for their professional career and also an opportunity to contribute to the party with ideas and an updated vision on the health situation of the country.

Function of representation

With regard to the representativeness of the health technicians before the APPS, we find that the majority of them have not held a position with political representativeness being said position within their party as leader or in the government in power as elected authority.

Save for a few exceptions, the vast majority have maintained themselves distant from the upper echelons of power of their party organizations. The highest governing entity of the

political parties, the National Executive Council- *Consejo Ejecutivo Nacional-* (CEN) is comprised in its vast majority by renowned members within the political party which stand out for their representativeness within the grass-roots of the party and their capacity to attract a large part of the electoral vote. The CEN varies in size, according to the given political party. In some cases it is comprised by more than twenty secretariats and in other cases only by five secretariats. This fact, up from the very beginning, poses differentiated conditions for those health technicians that want to gain access to quotas of power in their party organizations.

Only a minority, (three out of fifteen) is or has been part of the CEN. This means that only that minority has managed to acquire the necessary backing within their party to be able to be chosen party leaders according to the procedures of internal democracy that the party may adopt for gaining access to a position of representation within the party.

Neither are there many cases of health technicians that have acquired positions of political representation by popular elections. From fifteen, only two have gained said position, one as member of congress and another as municipal councilman at the Lima Metropolitan Municipality. This fact demonstrates the difficulties that health technicians have to face to take their message to a broader group of voters than that of their own party organization.

Nevertheless, it is worth to highlight, that a considerable number of health technicians (seven out of fifteen) has run for office at some time to win a position by popular elections as district mayor or as congress member. Although they did not were successful, the experience of running for office as political candidate shows an interest to pursue a political career. Actually, the majority of technicians participating in the APPS are members of their party with a limited power of representation in and out of their party, however, they have tried to gain access to positions of power within their party or to positions acquired by popular elections in the national or local governments.

A significant number (eight from fifteen) defines himself as "technician" of the party or cannot define his position within the party. This means that being militant members of the party and sympathize with its ideology, they do not assume responsibilities within the party and are more dedicated to their professional life outside the party. Even some point out as a profile value in the party their scarce aspiration and political appetite for greater positions of responsibility within the party vis-a-vis their vocation for medicine or professions alike the health profession from which they can make a more "concrete" contribution.

Although this does not prevent them to have an interest for those activities organized by the party and that they attend with certain frequency when their presence and opinion is required, for the most part these "technicians" do not follow a proper political career, that is, they do not climb the political ladder and assume representative positions which is the

central objective of any politician. Most of the time, the way of political representation is not exploited with success by the "technicians" however, they do value promotion on the basis of their professional merits and their commitment with the ideals of the party. In the case of the "technical" representatives, the professional life is used for their promotion in politics and not vice versa.

Chart 2. Results of questionnaire

Question	Results
Positions in the health sector	Yes (11), No (4). Some positions are: councilman, member of congress, vice-minister, director of hospital, council of advisers of Ministry of Health, Regional Health Departments (DIRESA), etc.
Positions in the party	Current or former member of the *Consejo Ejecutivo Nacional* -CEN (3), member of another body of the party (4), technical adviser (4), none (4).
Candidate to a representative position	Yes (7), No (8).

In this state of affairs, participation in the APPS permits the "technicians" in health to gain more responsibilities within the party. In the words of one of them: *"to represent the party in the APPS is a commission that we have received with great responsibility and we shall develop this with much determination".* This means that the APPS space provides them with an opportunity that their own political parties have difficulty to create, situations wherein technicians can speak up and prepare proposals in the name of their political parties; even more valuable if it is a space of permanent encounter and concrete results, as is the APPS.

Closeness with the leaders of the party

Despite the fact that the "technicians" are many times out of the political competition to gain access to positions of representation within the party or to positions gained by popular election, this does not mean that they do not use their professional abilities as a presentation card to gain access to the leaders of the party and open doors for them within the party. On the side of the leaders of the party, they may be interested in the "technicians" due to the influence that they can exercise through their professional positions on behalf of the party or also by the fact that their technical knowledge may provide advice on determined matters of mass media expositions within certain current political trends.

The majority of the technicians representatives of the parties before the APPS have a fluid relationship with the party leaders, either with the president of the party, the secretary general or with some elected member of congress. The technicians' power lies in their capacity to directly exercise influence on the political representatives of the party which are at the head of the bodies of government of the party or which are recognized political figures within the electorate and the mass media. The party leaders have confidence in them as professionals and generally receive them when they request a hearing.

Their influence is more personal than institutional. This means that their influence is not measured by any structure of the party because they are members without positions of leadership within the party, for the most part. Although in cases of more institutionalized parties, it has been found that their relationship of personal influence with the leadership of the party has permitted them to set up a body that shall agglutinate the professionals interested in the issue of public health, thus, have permitted that their professional virtues be translated into political virtues. Later on, we shall analyze the characteristics of these levels of encounter of professionals within the party.

The good relations that the "technicians" maintain with the leaders of the party has given way to an open channel of transmission of information regarding those issues discussed in the APPS toward the party leadership; this has determined the conditions whereby the signing of the APPS documents of consensus is executed without any obstacle. But, the personal nature and little institutionalized relations of the "technicians" of the party -who formally do not hold a representative position within the party- with their leaders have the disadvantage that, once the given leader loses quotas of power due to the constant power struggles existing at the interior of party organizations, the process of signing and the channels of communications may be hampered.

Once the given leader is removed from his position or suffers any political mishap, the "technician" of confidence automatically loses his power of influence over the upper echelons of the party. The advantage of the personalization of the relations of confidence at the interior of the party is that those channels are very fluid, but the disadvantage is that those channels are very unstable.

An interpretation of this party reality has been studied from the levels of informality or institutionalization of the party organizations. Institutionalization lies on the routineization of its rules and procedures which makes the party structure more stable. This means, for example, that the internal power struggles may not affect the channels and the known and recognized authorities for making decisions within the party.(Freidenberg y Levistsky 2003).

Due to the informality of the internal organization of the political parties, the power of the technical staffs in health of the political parties depend, to a great extend, to their personal relations with the leaders of the party.

What can we learn from all of this with regard to the impact of the APPS on the technical staffs of the political parties? In general, due to the closeness of the position of these technicians, their capacity of influence in major issues within the party like those of the preparation of proposals of social policies and the positioning of issues of health within the concerns of the party leaders may be significant but unstable.

The lower the degree of institutionalization of the parties, there are more possibilities for the technical representatives to use the APPS as a political ticket in favor of their relations with the upper echelons of power within their party. Now they perceive that they have greater responsibilities, and, consequently, more tools and more contents to transmit to the grass roots of the party (maybe for training activities) as well as to the upper echelons of the party (for positioning of the issue at the party sphere and public sphere). Hereunder we shall see the levels of socialization of the information.

Mechanisms of socialization of the information

In the parties, the formal levels of socialization of the information in the APPS are scarce. However, the health technicians of the parties now are more aware of the responsibility that means to represent their political party in the APPS and the majority of them have the personal initiative to establish informal mechanisms of socialization of the information.

We are speaking, mainly, of non-presential spaces of socialization of the information. Before the fact that other type of mechanisms of socialization of information may be put in motion due to the fact that within the parties "technicians" are not dedicated full time to political activities and attend with much difficulty to the summoning of the party except for some decision making-meeting called in for the purpose of adopting a given measure. For these reasons the relresentative "technicians" in the APPS use electronic means to transmit produced information mainly by electronic mail.

In the absence of formal spaces of encounter within the party for the discussion of these matters and the difficulty in summoning public within the party interested in these matters, the representative technicians use the electronic mail.

The type of information transmitted through electronic means is above all the presentations that national and international experts in some occasions execute in the working sessions of the APPS. Generally, these lectures come with material for expositions that afterwards is

requested by the technicians in electronic version to be able to share it with the other professionals of the party and those friends that could be interested in the material.

In other occasions, albeit in very few cases, there is information that they themselves prepare. When sessions have been carried out in the APPS that subsequently shall give way to make important decisions as is the content of the documents of consensus, the representative technicians feel the need to transmit it to their peers and to this end they prepare summaries or rosters to help keep in mind the specifics of the matters discussed and the manner in which this can involved the interests of the party.

The majority of technicians reveal that presential meetings in the parties for the socialization of this type of information have not been held or have been held within the context of very particular circumstances wherein the leader closed to the technician may confer the technician some minutes to expose the issue before the signing of the APPS document of agreement. These have been very special occasions and almost unique.

Most of the time, information toward the upper echelon flows in a personalized manner to the political figure that has the confidence of the "technician" and does not involve the other party representatives. Thereby, we can deduce that the possibilities to involve other political representatives are minimum and, even, that the information may be intentionally handled in that manner by the leaders with whom the technicians have communication for subsequently using said information to strengthen their position within the party.

These informal mechanisms deserve due recognition because technicians do not always have the necessary structures to gain access to spaces of party management. For this reason it is important to distinguish between some party realities wherein information circulation is more possible than in others, due to their different levels of institutionalization.

Those parties with low institutionalization are generally organizations lacking levels for discussing these matters or for the feeding of proposals in social policies. In most of the low-institutionalization parties and which have been recently founded (after the 2000-2001 democratic transition) therein exist a high dependence in the founding leader for socialization of the information due to the centralization of power within the party the low number of professionals interested in issues of public health that may be able to represent, in a technical way, the party's position with regard to these matters.

This scarcity of party professionals to accompany the representative technicians in the APPS makes more difficult for the information circulation within the party to flow down toward the grass roots of the party or to include a more significant group of members within the party outside the party leaders.

Generally, in this class of parties the low number of health technicians is directly related with the absence of national or local governing experiences whereby the party militant professionals may have acquired experience in public administration and expanded their networks of professional influence in the sector and in this manner to be able to attract to the party news professional staffs.

In second place, we find that the parties with an intermediate level of institutionalization have informal mechanisms of socialization of the information that, although these mechanisms are not always in operation, are supported by a larger number of health technicians within the party. These are parties which were founded in the 90's within the center of the context of the representation crisis, with a non-ideological discourse and which boasted of having a high technical component.

These parties' levels of socialization of the information are informal ones but are the result of the individual effort on the part of party technicians and are susceptible to be executed thanks to their professional background and professional weight. Due to their existence, a more older one than that of the previous group of parties, these parties, founded at the middle or at the end of the 90's, have had the opportunity to gain access to the national and local governments. This means that their health technicians are professionals with a more significant trajectory and with a more recognized profile by their peers, both in and out of the party.

Finally, we find those parties having a more formal structure of levels for the socialization of the information of the APPS within the party. The main difference was that these parties were founded before the crisis of representation of the 90's. These were parties whose nature, at the moment in which they were founded, was that of a political apparatus having a vast capacity for social mobilization. For this reason these parties had a large number of affiliates.

In these parties, the levels of socialization of the information, do not entirely depend of the health technicians representing their party in the APPS. Therein exist other professionals related to the party having levels of representation within the party who support the work of the socialization of the information. However, in these cases it happens the technician representative in the APPS has a secondary power within the party in relation with these other health figures which are recognized public figures due to their representative positions acquired through elections or by their summoning capacity within the party. Anyhow, this situation favors the stability of those levels necessary for presential encounters for discussing these matters within the parties; these are associations of unions of health professionals located at the interior of party structures.

For a summary of these three party situations and for a view on how the technical representatives achieve to establish mechanisms for the socialization of the information of the APPS, see Chart 3.

Chart 3. Parties according to the characteristics of the health teams and the mechanisms of socialization of the information.

Parties	Number of health technicians	Technicians with governing experience	Mechanisms of socialization of the information
New Parties (2000 and later on)	Less than five.	Scarce.	Informal and centralized in the leader.
Old Parties (1990 and later on)	Between twenty and fifty.	Some. Technicians with experience in national and local government in intermediate positions.	Informal and supported by a number of technicians in the party.
Old Parties (before 1980)	Between two-hundred and thousands.	Ample. Presence of recognized personalities in the field of public health.	Formal and supported by an ample number of technicians in the party.

4.   CONCLUSIONS

4.1   Lessons learned

a) On the objectives of the APPS

- The expectations of those political actors involved in the APPS are heterogeneous ones. According to the position of each party, the APPS expectations are adjusted to their needs and possibilities. For party representatives having recent foundation and scarce electoral presence, the fact to listen and to be listened is fundamental, while for those representatives of parties having an older political trajectory, value lies in the capacity of APPS influence on health policies. If it is possible, it is expected to exercise pressure on the party in government to recognize APPS agreements.

- Parliamentary representation of some parties influences in the interest of technical representatives to actively participate in the APPS. The expectations of these parties with parliamentary representation are to supplement their role of opposition supervision to the party in government within the legislative arena. These parties identify more clearly the need to play an active role in the political agenda than those parties without parliamentary presence.

b) On the factors which facilitate the process of dialogue

- The previous existence of certain professional affinities and common spaces among the technical representatives has favored the experience's development. The dialogue among professionals which share similar trajectories in the field of health or which are mobilized with the same sensibility regarding the importance of health for the country's development made more simple the processes of generation of confidence, mutual respect and reaching agreements.

- One of the characteristics of the public health community lies in the value that this community ascribes to empirical evidence and scientific reasoning instead of the involvement in political and ideological disputes. The APPS technical staffs are health professionals before being political militants; consequently, they share with other representatives of other political parties the value of empirical evidence and professional updating in order to be able to issue informed and sustained opinions on the issue of health in Peru.

- The participation of the principal authorities of the Ministry of Health, as that of the Ministers in charge, favored the recognition of consensus on priority health matters. In the measure that the APPS seeks to convert itself into a guide in the situation of

the debates on public health, the direct participation of public authorities in the meetings constitute a backing having great repercussions for the APPS and reinforced the optimism of APPS members on the results of the process of dialogue.

c) On the characteristics of the technical staffs

- The weakness of parties poses limitations to the capacity of the technical staffs to transmit APPS information within their party. Although technical staff members carry professional credentials and are distinguished members within the party, technical staff members do not develop functions of party leadership or political representation. For this reason their relationship with party authorities is personal and subject to informal exchanges of power within the party.

- The good and close personal relations among the APPS technical staffs and the authorities in the young parties are less unstable relations than in those parties whose organization-structures are more complex ones due to the fact that there are less internal power disputes in the young parties.

- The older parties having a longer political trajectory possess a higher number of technical staffs because having been in government has permitted them to develop professionals with that profile. However, relations between technical staffs and leaders within the big parties are mediated by sub-networks of political loyalties and are unstable.

d) On the effects of the APPS on parties

- The main APPS beneficiaries are the parties' technical staffs. Due to the weakness of parties, the technical staffs are scarce and have to face the absence of formal channels or mechanisms for discussions on program-content within their parties. However, their participation in the APPS provides the technical staffs the opportunity of having a more proposal-like function within their party and generate an agenda of health where there was none. From their work in the APPS, health technicians gather those elements necessary to contribute to an agenda in health within the party, also the health technicians gather tools to approach the upper echelons of the party and be able to introduce the issue in the party agenda.

- The effects of the APPS on the program-content capacities of the parties vary a lot according to the institutional level and age of the party. Among the technical representatives of political parties is necessary to distinguish between those small parties recently founded and the parties having more ample bases and a longer electoral political trajectory, because this fact influences in the manner in which the technical representatives value the APPS contribution.

- In the small parties, due to their scarce number of technical staffs in health or staffs with governing experience, the levels for the socialization of the information are informal and with less capacity for summoning, many times centered in the leader and some leaders of the party but seldom with assemblies or working meetings attended by the party militants.

- The diversity of APPS effects also distinguishes between the big and medium-size parties, due to the fact that the higher number of technical staffs in health, and the levels for the socialization of the information are more frequent in those parties with a short political trajectory. These spaces tend to formalization and above all to the acquiring of a larger audience.

- The weakness of the parties limits repercussion of the APPS toward the interior of the party organization. If there is no audience or interlocutors at the interior of the party, it is difficult for the technical staffs to create spaces of communication by means of purely personal efforts and scarce party resources. The few advances accomplished in the discussion of the issues of health consensus in the APPS are the product of personal efforts.

- The scarcity of relationships between the technical staffs and the representatives in parliament influences the capacity of the latter to present themselves with real influence capacity within their own parties because the health authorities generally are those having formal political visibility.

4.2   Recommendationes

a) External strengthening

- A greater public visibility of the APPS might provide greater strength to the space. The APPS is an unpublished experience of multi-party agreements along a long period of time and an unusual persistence that could set precedent for other sectors. However this space has not been known beyond the public health community. The Ministry of Health's recognition and the recognition of the social organizations to the APPS agreements has been a determinant factor for the technical staffs' confidence in the scope and repercussion of the process of dialogue. Visibility shall not only permit to show the virtues of the multi-party agreements that could be copied by other sectors, but also could favor APPS strengthening, feeding the APPS with public recognition.

- The APPS could also be favored by a greater contact with citizens. Although the APPS has received experts and representatives of national and international public

and private entities in other to disseminate the scope of the health problems and the health reforms, these evaluations do not include the perspective of the citizen who is the user of the health services. If the APPS would achieve to collect even in a minimal way some of the citizens' concerns, and to sustain its consensus on the needs and visions of the citizens, then the APPS shall acquire a higher degree of legitimay before the authorities of the sector.

- It is advisable for the APPS to approach the citizens because this approach could empower the technical representatives before their own parties and favor transmission of information. Due to the weak position the technical staffs have within their parties, the coordination and the organization of activities for the dissemination of the APPS consensus may bring to the attention of other authorities of the party at the moment they see work which is more visible and which gives presence to the party.

b) Internal strengthening

- It is important to promote efforts to help technical representatives to socialize the information within the party. Knowing the structural limitations of the parties with which technicians have to deal with in order to bring to interest and involve other technicians of the party in issues of public health, the APPS could develop some discussions directed toward the party militants to inform on the issues and progress being made within the APPS, make known the experience of the APPS, and highlight the importance of the participation of the party in a space like this.

- A higher involvement of party authorities in health could provide more weight to the APPS. Due to the fact that in the more structured parties and with a longer political and electoral trajectory there is a higher number of technical staffs in health with governing experience, national or local, it happens frequently that the party authority in health no longer participates directly in the APPS due to time restrictions and political representation responsibilities. It is important, therefore, for the APPS to create mechanisms to involve this type of party authority in special sessions for them.

- It is advisable to organize a process of definition of objectives and development options of the APPS, taking into consideration the different expectations and capacities of the parties to achieve them. Any process for making decisions has to take into account the diversity of interests of the parties in the APPS, being these interests the desire to be listened are the interest to influence on the public agenda.

ANNEX 1. List of those interviewed

Political parties

- Alberto Valenzuela (PPC)

- Carlos Contreras (Somos Perú)

- Carlos Rodríguez (Perú Posible)

- David Tejada (Partido Nacionalista)

- Eduardo Asto (Restauración Nacional)

- Eduardo Yong (Partido Fuerza 2011)

- Elsa Mantilla (PAP)

- Elsa Vega (Partido Humanista)

- Giovanni Delgado (Acción Popular)

- Ítalo Arbulú (Partido Alianza para el Progreso)

- Jorge del Castillo (PAP)

- Jorge Ruiz Dávila (Cambio 90)

- Jorge Ruiz Portal (PPC)

- Julio Castro (Partido Socialista)

- Luis Lazo (Partido Nacionalista)

- Moisés Acuña (Perú Posible)

- Nelly Paucar (Partido Humanista)

- Rosina Hinojosa (PPC)

- Ximena Cervantes (Solidaridad Nacional)

Partner institutions

- Arturo Granados (POLSALUD)

- Luis Nunes (NDI)

- Margarita Petrera (CIES)

- Miguel Malo (OPS)

Civil Society

- Eva Ruiz (Red Mundial de Pacientes)

- Alexandro Saco (Foro Salud)

- Maruja Boggio (Mesa de Concertación de Lucha Contra la Pobreza)

- Mauricio Bustamante (Salud Internacional)

- Percy Medina (Asociación Civil Transparencia)

- Rosario Jiménez (Colegio Medico)

Ministry of Health

- Augusto Portocarrero (Director de la Oficina General de Planeamiento y Presupuesto)

- Edward Cruz (Director de Salud de las Personas)

ANNEX 2. Signing of documents of consensus according to party

Name of party	Number of agreements signed	Authorities that signed
Acción Popular	3	Víctor Andrés García Belaunde (president), Mesías Guevara (secretary general), Johny Lescano (secretary general)
Alianza para el Progreso	3	Natale Amprimo (president), Luis Iberico (secretary general and then member of the general bureau, 2)
APRA	3	Jorge del Castillo (secretary general), Andrés Tello (representative of PAP in the APPS), Wilbert Bendezú (political secretary general (e)).
Fuerza Social	3	Susana Villarán (vice-presidente and presidential candidate in 2006).
MNI	3	Alberto Moreno (president), Nilver López (secretary general x2)
Partido Humanista Peruano	3	Yehude Simon (president x2), Elsa Vega (secretary general)
PPC	3	Javier Bedoya (vice-presidente), Raúl Castro (secretary general), Rafael Yamashiro (vice-presidente).
Perú Posible	3	Javier Reátegui (secretary general x2), Gilberto Díaz (secretary general)
Solidaridad Nacional	3	Walter Menchola (national secretary of policy), Marco Parra (secretary general x2).
Avanza País	2	Cesar Cenas (president), Pedro Cenas (secretary general)
Cambio 90	2	Andrés Reggiardo (president)
Partido Socialista	2	Julio Castro (secretary general), Susel Paredes (secretary general) + Javier Diez Canseco (candidate 2006).
Restauración Nacional	2	Humberto Lay (president)
Coordinadora Nacional de Independientes	1	Drago Kisic (president)
Fuerza Democrática	1	Alberto Borea (candidate 2006)
Partido Justicia Nacional	1	Sandro Espósito (national director of professionals)
Partido Regional Autogobierno Ayllu	1	Carlos Paredes (president commission governing plan)
Somos Perú	1	Jorge Ruiz de Somocurcio (chief governing plan 2006)

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